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## Exploring embodied and located experience: Memory Work as a method for drug research.

### 1. Qualitative drug research

Multiple benefits of qualitative approaches have been recognized by researchers in the field of drug studies (see, e.g., Rhodes & Moore, 2001; Nichter, Quintero, Nichter, Mock & Shakib, 2004; Leneghan, 2011; Duff, 2005). The inductive and iterative nature of qualitative research has been argued to be well suited to exploring and capturing areas of drug use which are outside of dominant discourses or “commonsense’ interpretations of drug use” (Rhodes & Moore, 2001, p. 291). Furthermore, the focus on exploring detailed, contextualised personal narratives, rather than generalized categories, has been argued to give richer accounts of living with drug use, which give centre stage to the voices of the drug users’ themselves (e.g. Beck & Rosenbaum, 1994; Hinchliff, 2001; Duff, 2008; Hunt & Evans, 2008). Qualitative research has been argued to be better suited to capturing the complexities and ambiguities of drug experiences, as “lived experience is characterised by meaningfulness that often does not lend itself to quantitative measures” (Rosiek, 2003, p.174). As Duff (2005) has argued, building a complex picture of users’ experiences can also aid in recognising and harnessing pre-existing systems of self-regulation and harm reduction. Building on this strong tradition of qualitative methods in drug research, this report will outline the potential uses of one particular method, Memory Work, drawing on data from a recent study carried out with moderate MDMA users.

### 2. Memory Work: Using memories to explore embodied experience.

To some extent, all qualitative methods involve some kind of ‘memory work’; semi-structured interviews, the most commonly used form of qualitative data collection, for instance, involve asking participants to recall and discuss instances in their lives, usually in response to themed questions. Memory Work (see, Crawford, Kippax, Onyx, Gault & Benton, 1992; Onyx & Small,

2001; Stephenson, 2005), however, is a defined method which takes this idea further, by asking participants to write memories of a specific event. These memories are detailed, with no biographical information and written in the third person, all in response to a trigger. For the study under discussion here, the triggers chosen were 'openness' and 'change' in MDMA experiences.

The memories produced are viewed as subjectively significant by virtue of being remembered and therefore formative in constructing meaning and identity (Haug, 1987). These memories are then discussed and analysed as a group, to bring to light the manner in which they have been socially created. This is done by examining continuity among memories, clichés, cultural constraints and popular conceptions (see, Crawford et al, 1992). The method therefore produces two complementary forms of data: the memories themselves, and the discussion of those memories, which is in turn recorded and transcribed.

This method was developed by Frigga Haug (1987) and colleagues, as a way to explore and analyse emotional experiences collectively, from a specifically feminist perspective. In line with many feminist approaches to research (e.g., Henriques, Hollway, Irwin, Venn, & Walkerdine, 1984; Haraway, 1988; Willig, 2008), the aim of discussing and analysing the memories collectively was to dispel the subject/object dichotomy of research. Rather than taking the view that research should be 'objective', sometimes referred to as the 'God's eye view' (Haraway, 1988), with the researcher being held separate from the object of the research, Memory Work was developed from a position of researchers and participants as collective 'co-researchers', equals in the production of knowledge.

Memory Work as method, therefore, makes two main claims which could potentially be of interest to drug researchers. The first is that the structure of Memory Work enables participants to have more room to lead the research process, and secondly that the memories themselves are especially rich, embodied and contextualised accounts of experience. These will be discussed in turn.

## 2.1 Allowing room for alternative accounts of drug use.

As has been widely discussed elsewhere, dominant discourses of drug use tend to be those of pathology and risk, placed within medical and/or legal frameworks (Bright, Marsh, Smith & Bishop, 2008; Forsyth, 2001; Hunt, Evans & Kares, 2007; Moore & Valverde 2000). For qualitative researchers wishing to explore drug users' experiences, there is, therefore, a danger that participants will reproduce dominant discourses, rather than vocalise, or attend to, alternative perspectives. Specifically, it has been argued that the straightforward semi-structured interview is likely to elicit practised, generalised, and normalised narratives of experiences (see Reavey, 2011). These issues with narrative interviews have led to an explosion of interest in alternative forms of data collection over the past fifteen years, such as visual methods, (Knowles & Sweetman, 2004; Pink, 2007; Prosser, 1998; Reavey, 2011) and diaries (Kendon, 2003; Holliday, 2004; Latham, 2002; Laurenceau & Bolger, 2005). The use of Memory Work sits within this move to widen the modes of data collection used in qualitative research, and has specifically been demonstrated to be useful in generating accounts which can puncture normative narratives of experience (Kippax, Crawford, Waldbry & Benton, 1990; Gillies et al., 2004; Brown, Cromby, Harper, Johnson, & Reavey, 2011), particularly through the use of counterintuitive triggers to prompt memories. These unusual triggers are designed in order to produce memories which have not been glossed over and represented in a standardised format. For example, the triggers of 'initiating' and 'touching' resulted in more revealing depictions of sexual events than the commonplace and well-rehearsed story of 'loss of virginity' (Kippax, Crawford, Waldbry & Benton, 1990). For these reasons, Memory Work has also been used to explore experiences with pathologised and/or marginalised groups, such as mental health service users (McGrath, Reavey & Brown, 2008); both adults (Stephenson, 2005) and children (Denis, 2010) diagnosed with HIV; as well as older women (Mitchell, 1991, 1993, 2000).

It has been widely argued, for instance, that many current drug research paradigms do not allow room for discussions of subjective pleasures and benefits users can experience from drug use (Duff, 2005; Hunt & Evans, 2008). There were many of these kinds of experiences in the memories collected by the first author, for a study conducted with five mixed gender, 23-24 year old participants in London. As an example, here is an extract from one of the memories from the study:

He felt like some of his general ideas and political outset were becoming liberalised from this shared experience with other humans, who he now respected and loved without actually conversing with the vast majority of them. Throughout, his thoughts never brushed with negativity like they normally would and he felt a lasting positive change in himself and his attitude towards other people that would remain with him forever.

(Ben, Memory 2, l. 355-360).

The profound influence on Ben's "general ideas and political outset" suggests change on a deeper, intellectual level that is not reflected in MDMA's status as a "party drug", known for its energy-enhancing and euphoric effects (Kalant, 2001, p.919). Furthermore, in popular discourses positive effects tend to be characterised as short-term, set against more long-lasting harm. For example, 'Frank' a UK drugs advice agency, describes ecstasy as producing "temporary feelings of love and affection" but emphasises that "long-term users can suffer memory problems and may develop depression and anxiety." Yet Ben is careful to underscore both the permanence and beneficial nature of his shift in outlook: the normalcy of "negativ[e]" thoughts being, for him, dampened "forever" in this "lasting positive change in himself". This is not to argue that this memory conveys a completely new concept; drug use as a tool for spiritual change and transcendence is of course well established (Nicholi, 1983; Rosenbaum, Morgan & Beck, 1989; Smith, 2005; Griffiths, Richards, McCann & Jesse, 2006), and it has previously been noted that particular groups of MDMA users view the drug as a tool for lasting

spiritual change rather than pure recreation (Watson & Beck, 1991; Hunt & Evans, 2008). It is, nevertheless, arguably a less prominent discourse when applied to MDMA and other 'party drugs', rather than psychedelic drugs such as LSD. Furthermore, it is also worth noting that the participants were not asked directly about pleasure or benefits for this study, but the targeted yet open-ended nature of the data collection enabled these experiences to be highlighted and discussed by participants.

## 2.2 Bodies, spaces and settings

The second major advantage of Memory Work for studying drug experiences, is that the method facilitates the production of accounts, and subsequent discussion, of the embodied and situated aspects of experiences. In asking for detailed, specific descriptions, including embodied experiences and the material environment, the method helps to build a more complete picture, including the corporeal, emotional, contextual, and psychological facets of experience (Gillies et al., 2004). It is hence a useful method for those with theoretical alliances to the growing interest in the material and embodied grounding of the self, identity and experience, which has emerged across the social sciences in recent years (e.g. Bordo, 1999; Burkitt, 1999; Latour, 2005; Brown & Stenner, 2009; Csordos, 1994).

Even without these particular theoretical alliances, it is clear that embodied and contextual elements are central to many drug experiences (Duff, 2008). Drugs, by their nature, involve changes on a physiological level, and so will also induce shifts in embodied experience, which qualitative methods need to be able to capture and account for. This memory from one participant, Toby, can be seen as an example of how rich the located and embodied descriptions given by participants can be:

It takes a little while before they're inside the club, but once inside his fear begins to dissipate. He feels more and more at ease as he takes in his surroundings, the music

reverberating through his body - dirty, pulsing saw tooth sounds that remind him of the music his father used to play. A really funky, uplifting, energising kind of music.

Everything feels so easy. Far from being unsure of how to move, he is compelled to dance as the bass takes hold of his body and forces him to rock in time with the beat. This is unquestionably the most incredible music he has ever heard!

His energy is limitless. Every movement feels sharp and fast. He can feel the music, he knows exactly what's coming next and exactly how he's going to move when it comes. It feels as though nobody is watching. He becomes more and more adventurous with his movement. He would never have dreamed of moving like this in front of other people but it feels so right - he's Michael Jackson, he's Justin Timberlake!

(Toby, Memory 1, l. 23-36)

Multiple parts of Toby's experience are recounted here: the material surroundings of the club; the music; his changing embodied experience; and how he consciously makes sense of that experience. Again, this does not open up completely new insights into MDMA use; dancing and club culture have of course been long been associated with MDMA (Release, 1997; Korf et al., 1998 c.f. Winstock, Griffiths & Stewart, 2001). Here though, the detail given in Toby's experience can be seen to enable a particularly rich analysis of the meaning of these embodied changes for Toby. He can be seen as describing a release from a dualist conception of his body as a discrete entity that required controlling by the mind (Leder, 1992; Burkitt, 1999), which is transformed to an enhanced connection with his "lived body" (Moore & Kosut, 2010 p2): a body of flesh and bones, which was also the site of speech, action and experience and not an abstract 'other'. The experience, as described here, is thoroughly contextualised. In addition, the subsequent discussion enables participants to explain, reflect upon and add to the meaning of the memories described, adding an extra depth to the analysis which is not available in a traditional interview.

### 3. Reflections and conclusions.

Memory Work, therefore, has some clear advantages for exploring drug experiences. There are, of course, also some limitations. Firstly, it is time-consuming and relatively demanding of the participants. The requirement to write a written memory necessitates a certain level of expertise and confidence in writing, which could be exclusionary for some groups of participants. It is perhaps telling, that Memory Work has often been carried out by groups of academic researchers (e.g. Brown et al, 2009; Crawford et al., 1992; Gillies et al., 2004). In addition, the 'co-researcher' dynamic is not always possible to reproduce, particularly in drug research where the researcher often does not share the experiences under interest. In this case, it is necessary for the researcher to take the role of facilitator, and contributor to the discussion group, rather than provide personal memories (see also, McGrath et al., 2008).

For future drug research, memory work offers an in-depth and detailed picture of drug users' subjective experiences. Such specifics are coupled with participant self-determination, present in their interpretation of open-ended triggers, and analysis of the data as co-researchers. The method would be most useful for experiences with key spatial, embodied or emotive elements, but could be beneficial for any study that seeks to move away from or present a more nuanced picture of dominant ways of thinking about drug use. Memory work can also be endlessly productive: either using different triggers with a new group to explore the same topic or, if there is enough participant commitment, further meetings of the same original group to reconsider their memories.

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